

TRAVEL EXPENSE CLAIM

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95814

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| (11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) | | (12) NORMAL WORK HOURS |
| 12/10/2009: PURPOSE: Did a TV Taping, KFSF Univision San Francisco regarding SB 853 and Balanced Billing. | | 0800 - 1700 |
| Please note: Carpooled with office staff from Sacramento to San Francisco and only did the return on Amtrak from San Francisco to Sacramento. | | (13) PRIVATE VEHICLE LICENSE # |
| (Picked up from home). | | 4GNH186 |
| Parking in San Francisco; \$32.00 (TV Station) | | (14) MILEAGE RATE CLAIMED |
| | | 0.550 |
| | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK # </div> |
| | | |
| (15) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage. | | |
| CLAIMANT'S SIGNATURE | DATE | (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT |
| >> | | >> |
| (17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE AND TITLE 9 (See Item 17 on reverse) | | DATE |
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